UNITED STATES DISTRICT COURT, NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

	EASTERN DIVIS	SION			,	
UNITED STATES OF AMERI	CA FILED	CASE NO:	08 CR 511			
Javier Ochoa	JUL 2 5 2008	JUDGE:	PALLME	YER		
Jaime Chavez	MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COL	IDT				
	IS THE DEFENDANT IN		? YES	X NO	0	
	NOTICE OF ARRAIGNME	ENT AND PL	ÆA			
The above-entitled cause ha	s been scheduled for an arraign	ment and the	entry of a ple	ea on		
Tuesday, July 29, 2008 at 10:00 a.m.			in Courtroom 2119			
at the Everett McKinley Dirkse	n Courthouse, 219 South Dearl	born, Chicago	, Illinois befo	ore the Honor	able	
Judge Rebecca R. Pallm	eyer.					
office is located in Room 151 Illinois, 60604. You are entitled to be reprarraignment and plea. If you ca (312) 621-8300 as soon as you is located at 55 East Monroe St	oo of the Everett McKinley Direction of	rksen Courthorview with the should contact will assist	ouse, 219 Sou e Pretrial Ser act the Feder	uth Dearborn, rvices Office ral Defender F	, Chicago and at the Program a	
In location at 10 Habi ivious of 5	CERTIFICATE OF N					
I hereby certify that copies of the	-		ed to:			
DEFENDANT # 1		DEFENDANT'S ATTORNEY				
Name: Javier	Ochoa	Name:	Gal Pissets	sky/312-566-	9900	
Address: In Cus	tody	Address:	53 W.	Jackson/Ste.	1403	
City, State, ZIP:		City, Stat	e, ZIP:	Chicago, I	IL 60604	
AUSA: BETHANY K. BIE	SENTHAL				,	
Copies of this notice were deli-	vered to:					
X Court Interpreter	Pretrial S	Pretrial Services Office				
By Marsha E. Glenn		Date:	7/25/08		_	
Additional instructions r	egarding notice:					
Docketing Departm	nent to Mail Notice	Telephon	ed Notice by	Judges Staff	•	

UNITED STATES DISTRICT COURT, NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

NOTICE OF ARRAIGNMENT AND PLEA - 08 CR 511 CERTIFICATE OF MAILING (continued)

DEFENDANT #	2	DEFENDANT'S ATTORNEY			
Name:	Jaime Chavez	Name: Paul Brayman/312-427-9766			
Address:	In Custody	Address: 727 S. Dearborn, Ste 712			
City, State, ZIP:		City, State, ZIP: Chicago, IL 60604			
DEFENDANT #		DEFENDANT'S ATTORNEY			
Name:		Name:			
Address:		Address:			
City, State, ZIP:		City, State, ZIP:			
DEFENDANT #		DEFENDANT'S ATTORNEY			
Name:		Name:			
Address:		Address:			
City, State, ZIP:		City, State, ZIP:			
DEFENDANT#		DEFENDANT'S ATTORNEY			
Name:		Name:			
Address:		Address:			
City, State, ZIP:		City, State, ZIP:			
DEFENDANT#		DEFENDANT'S ATTORNEY			
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City, State, ZIP:		City, State, ZIP:			
DEFENDANT#		DEFENDANT'S ATTORNEY			
Name:		Name:			
Address:		Address:			
City, State, ZIP:		City, State, ZIP:			
DEFENDANT #		DEFENDANT'S ATTORNEY			
Name:		Name:			
Address:		Address:			
City, State, ZIP:		City, State, ZIP:			